**Islamic Republic of Afghanistan**

**جمهوری اسلامی افغانستان**

**Visa Application Form**

**فورمه درخواست ویزه**

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| --- |
| 1. **Personal Information**
 |
| Title: |
| Family Name: |
| Given Names: |
| Father’s Full Name: |
| Date of Birth (Gregorian): DD/MM/YYYY |
| Country of Birth: |
| 1. **Level of Education**
 |
| Degree: Specialization: |
| Marital Status: Single Engaged Married Separated Widow/Widower |
| Gender: Male Female |
| Child: (Under 18 years) Yes No |
| Country of Residence: |
| Nationality: |
| Other Nationalities: |
| 1. **Contact Details**
 |
| Current Address: |
|  |
| Email Address: |
| Mobile: | Work Tel: |
| Home Tel: | Fax: |
| 1. **Employment Details**
 |
| Current Occupation: |
| Employer’s Name: |
| Employer’s Address: |
| Previous Occupation: |
| Previous Employer’s Name: |
| Previous Employer’s Address: |
|  |
| 1. **Visa Details**
 |
| Visa Type: |
| Purpose of Visit: Business Convention/Conference Education Employment  Exhibition Visiting Friends/Family Holiday Others |
| Entry Date: | Point of Entry: |
| Intended Duration of Stay (Day): | Number of children Accompanied: |
| Places in Afghanistan intended to visit: |
|  |
| Complete Address in Afghanistan: |
|  |
| Have you ever visited Afghanistan before? Yes No*If yes, please provide details:* |
| Have you applied for Afghanistan Visa before? Yes No*If yes, please provide details:* |
| Do you have criminal records? Yes No*If yes, please provide details:* |
| 1. **Passport Details**
 |
| Passport Type: | Passport Number: |
| Place of Issue: |
| Issue Date: | Expiry Date: |
| I declare that the information provided in this application is true and correct. |
| **Signature:** *(please sign within the box)*Date: DD/MM/YYYY | Passport Photograph: *(please attach within the square bellow.)*Please attach photo hereGuarantor must endorse the photo.This is a true photo of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**فورمه درخواست ویزه**

|  |
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| **HEALTH QUESTIONAIRE** |
| **Have you ever had or are you under treatment for any of the following communicable diseases?**Yes No (if Yes, please indicate.) |
|  Ebola Intro virus D68 Flu Hanta Virus   HIV/AIDS Mealeas MRSA Pertusis Rabies  STD TB West Nile Virus  |
| **Declaration:** |
| I, hereby, solemnly declare that all the information provided above are true and correct to the best of my knowledge.Date: DD/MM/YYYY **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

|  |
| --- |
| **OFFICE USE ONLY** |
| **Receiving Office:** |
| **Application Details:** |
| Date of Application Received: DD/MM/YYYY |
| Date of Application: DD/MM/YYYY | Visa Type: |
| **Comments:** |
|  |
| **Observations:** |
|  |
| **Passport Details:** |
| Name: | Passport Number: |
| Visa Serial Number: | Issue By: |
| Issuing Office: | Date: DD/MM/YYYY |
| **Collected by/Send to:**(Note: if collected by someone other than the applicant, written authorization must be provided by the applicant and retained on file.) |